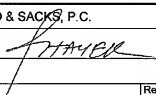
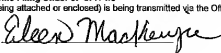


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|------------------------|------------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/585,464-Conf. #5882 |
| | | Filing Date | May 3, 2007 |
| | | First Named Inventor | Marsha A. Moses |
| | | Art Unit | 1643 |
| | | Examiner Name | A.M. Harris |
| Total Number of Pages in This Submission | | Attorney Docket Number | C1285.70006US01 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FORM PTO-1449 [PTO/SB/08] (1 sheet) Office Communication from the EPO mailed 12/1/2003 for Appln. No. 05 705 399.3-2404 (10 pages) |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | WOLF, GREENFIELD & SACKS, P.C. | | |
| Signature |  | | |
| Printed name | Roque El-Hayek | | |
| Date | January 5, 2009 | Reg. No. | 55,151 |

| Certificate of Electronic Filing Under 37 CFR 1.8 | |
|--|--|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). | |
| Dated: January 5, 2009 | Signature:  |

Effective on 12/09/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4018).

FEE TRANSMITTAL

For FY 2009

☒ Applicant claims small entity status. See 37 CFR 1.27

| | | |
|--------------------------------|--|--------------------|
| TOTAL AMOUNT OF PAYMENT | | (\$) 180.00 |
|--------------------------------|--|--------------------|

| | |
|--------------------------|------------------------|
| Complete if Known | |
| Application Number | 10/585,464-Conf. #5882 |
| Filing Date | May 3, 2007 |
| First Named Inventor | Marsha A. Moses |
| Examiner Name | A.M. Harris |
| Art Unit | 1643 |
| Attorney Docket No. | C1285.70006US01 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) Small Entity Fee (\$) 52 Fee (\$) 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

| | | | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
| - 20 or HP | x | = | | | | |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP | x | = | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

| | | | | |
|-------------------|-----------------------------------|--------|-----------|-----------------|
| Signature | Registration No. (Attorney/Agent) | 55,151 | Telephone | 617.646.8000 |
| Name (Print/Type) | Roque El-Hayek | | Date | JANUARY 5, 2009 |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 5, 2009

Signature: *Eileen Mackenzie*